INDIANA PUBLIC SAFETY TRAINING INSTITUTE FIRE ACADEMY

Indiana Government Center – South 302 W. Washington Street, Room E-239 Indianapolis, IN 46204

NAME_____SOCIAL SECURITY NUMBER____

ADDRESS	CITY		STA	TE	_ZIP
FIRE DEPARTMENT_			_COUNTY_		
INSTRUCTOR CERTIF	ICATION NUME	BER	EXP	. DATE_	
RE-CERTIFICATIO	N FOR INDIAN	A CERTIFIED	FIRE SERV	VICE IN	STRUCTOR
This form will be used to rep form will serve as the applica service requirements have bee	tion for re-certification	on. This certification	on may be renev	ved if com	
testing, evaluatir	ructor must successfuting education in the hig; AND/OR;	ully complete and ne area of adult ec	document every	3 years a	any combination of
2) Actual teaching Individuals not complying w certification period must retak <i>Identify continuing e</i>	e an entire Fire Servi	ng or continuing e ce Instructor course	ē.		·
CONTINUING ED. AND/OR T		INSTRUCTOR S		HOURS	
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Identify continuing education and/or ins ONTINUING ED. AND/OR TEACHING TOPIC	INSTRUCTOR SIGNATURE	<u>HOURS</u>	DATE
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